# YOUR PRACTICE PARTNER Issue #1: January 18, 2019 CHIROPRACTIC ECONOMICS 1954 - 2019CBD: Miracle Drug or Snake Oil? **BREAKING: Hemp Legalized!**

SAPPHIRE ANNIVERSARY ISSUE

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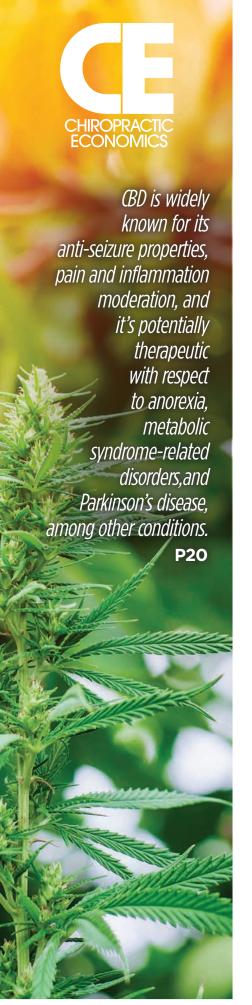
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## LETTER FROM THE CO-CEOS



LET US KNOW WHAT'S ON YOUR MIND: EDITORIAL@CHIROECO.COM

#### **A CELEBRATION OF 65 YEARS**

**TO CELEBRATE THE 65TH ANNIVERSARY** of *Chiropractic Economics* we wanted to change, and therefore improve, in order to best serve you—our reader.

We hope that positive change is apparent as you open Issue 1 of 2019. The revolutionary American businessman, Jack Welch once said, "Change before you have to."

While what we were doing was great, we felt that with some thought and input from our readers, we could do better. Based on your feedback we have refreshed the publication with the below in mind:

- Personalization: Categories that include stories and authors to reflect the requests of our 2018 readers survey
- Integration: The further coupling of print and digital assets to provide for a more seamless experience
- Connectivity: Increased emphasis on our digital properties and social media accounts such as Facebook, Instagram, and Twitter to help you stay informed
- **Enhancement:** Condensed articles with print and digital read times to help you better manage your time and resources

Our goal with this refresh is to better help you by delivering the information, education, and resources you need in the formats that work best for your busy lifestyle. Whether in your practice or on the move, we want you to have access to the most up-to-date information on the chiropractic industry.

Thank you for all of your support over the last 65 years. We can't wait to see what the next 65 hold!  $\blacksquare$ 

Nicholas and Joe Doyle



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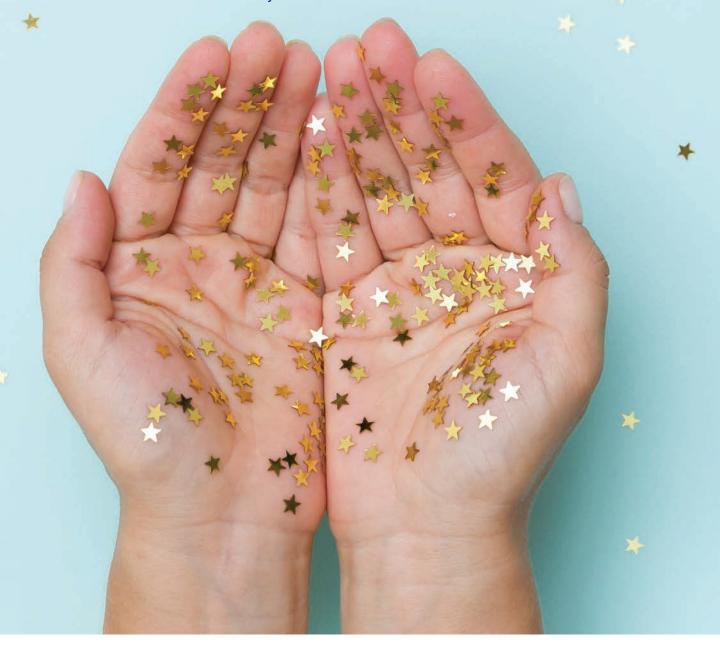


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#### TRENDING STORIES



#### **Blockchain for medical** records: The future is here

Blockchain technology helps to secure electronic health care records by providing a more advanced form of encryption. Right now, blockchain technologies are still bleeding-edge tech we haven't seen much of quite yet. In the future it may come to dominate the technological scene with more medical software using it to keep patient information safe and secure.

chiroeco.com/blockchain



#### You should be recommending topicals for knee pain

A study looked at knee pain trends in the American population. Researchers noted that knee pain and symptomatic knee osteoarthritis has "increased substantially" over the past couple of decades. What's behind this growing number of lower extremity issues?

chiroeco.com/kneepaintopical



#### Yes, you can become a family sports chiropractor

Some doctors of chiropractic who specialize in sports chiropractic work primarily with one type of patient. However, when working with entire families, your knowledge base has to be wider and more inclusive. Instead of knowing how to work with a specific age group, gender, or certain type of athlete, you need to be able to effectively help them all. chiroeco.com/familysports



#### Chiropractic and cryotherapy: The perfect pair

Whole body cryotherapy is a method of cold therapy consisting of single or repeated exposure to extremely cold temperatures. During a cryotherapy session, the body is engulfed with nontoxic nitrogen gas, which can get down to -220 degrees. Variations of this cold therapy have been used for years to treat musculoskeletal issues, among many other benefits.

chiroeco.com/chirocryo

#### SOCIALMARKETING

#### **Instagram Stories Reach New Eyes**

There are 200 million daily active users on Instagram Stories. That's more than SnapChat, making it one of the fastest-growing platforms ever. Using IG Stories makes your content discoverable, meaning non-followers can see your posts too.

This is a huge opportunity to create new fans raving over your brand. Add hashtags to your favorite stories to be even more discoverable. Another option is to use an outbound link (swipe up feature) if you have 10,000 followers or more. If not, don't worry, you can add multiple links in your Instagram Bio instead by using Linktree or a similar platform.

Tag other brands in your Instagram story by using the @ symbol and build your chiropractic networking relationships. IG Stories are visible for 24 hours and you can also save them as a highlight. With the addition of longer videos and other features Instagram just rolled out, you're missing out if you aren't using this platform.

#### CEBOOKQUESTION



Each month we'll ask a new question on our Facebook page. Join the conversation at facebook.com/ChiroEcoMag

#### RESOURCES @CHIROECO.COM

#### Tweet us your favorite chiropractic or health quote.



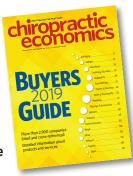
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#### MISSED THE LAST ISSUE?

#### **Buvers Guide 2019**

More than 2.400 companies listed and cross-referenced

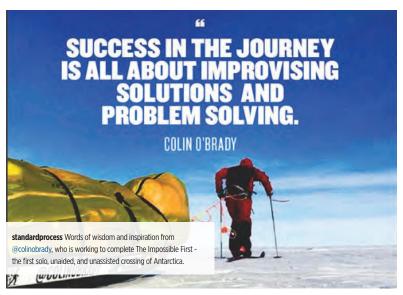
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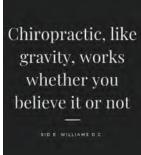




parkeruniversity Dr. Morgan, President of #ParkerUniversity, was at the #WFAA studios this morning for a live segment of #GoodMorningTexas. Backstage he ran into actor #SteveCarell, who was also in the studios to talk about his new movie, 'Marwen', @wfaa











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# BACKLOG

**CATCHING UP ON THE LATEST NEWS, TRENDS AND INNOVATIONS FROM THE** CHIROPRACTIC COMMUNITY

# "AS LONG AS I SEE THE CHIROPRACTOR, I FEEL LIKE I'M ONE **STEP AHEAD OF**

TOM BRADY, QUARTERBACK OF THE NEW ENGLAND PATRIOTS

#### DON'T MISS

#### CONFERENCES

#### **Activator Methods International** Seminar: Orlando

#### January 26, 2019 **Embassy Suites by Hilton Orlando Lake Buena Vista South**

There's a place for Activator in every practice...Discover what works best for you at a seminar coming to Orlando. Learn Fundamentals from Jamal DeVita, DC, instrument adjusting for extremities from Ed Galvin, DC, and Clinical Topics from Rebecca McGill, DC.

#### **WEBINARS**

#### **4 Common Foot Conditions Seen in Your Patients**

January 10, 2019 @ 2:00 pm - 3:00 pm This class will serve as a brief introduction into the diagnosis and management of 4 common foot conditions and disorders seen in your patients. Discussion of common adult clinical presentations of plantar fasciitis, ankle sprain, and foot drop in the office will be discussed with a focus on using custom orthotics to help manage these conditions.

#### The Role of Radiology in the **Chiropractic Practice**

January 24, 2019 @ 2:00 pm - 3:00 pm The trend in the modern chiropractic office is a shift toward fewer chiropractors that own radiographic equipment. While there are multiple reasons for this shift, it is important for the chiropractic physician to understand the importance of radiographs and the evidence-based practice guidelines in the use of imaging procedures in chiropractic. We will explore the importance of radiographic evaluation and the use of imaging to establish treatment protocols, without violating sound clinical decision tools.

Learn more at chiroeco.com/events

#### NEWS

#### **Foot Levelers custom orthotics featured** on syndicated show The Doctors



According to the popular syndicated television show The Doctors, custom orthotics are a "BUZZ!" In a segment on products that ease back pain, their message was clear, if you're looking to address the cause of back pain, don't waste your time and money on off-the-shelf shoe inserts custom orthotics are far superior.

Foot Levelers custom orthotics are heavily featured during the segment. Fab Mancini, DC, shows The Doctors a Foot Levelers Stabilizing Orthotic and explains why custom orthotics are far superior in helping reduce back pain, as compared to off-the-shelf inserts.

Dr. Mancini references a study that proves custom orthotics help reduce back pain by "over 30 percent." In 2017, a randomized control trial was published in the Archives of Physical Medicine and Rehabilitation that proves Foot Levelers custom-made orthotics reduce low back pain by 34.5 percent.

Custom-made orthotics from Foot Levelers are unique in that the patented design supports all 3 arches of the foot, which maximizes pain reduction and increases comfort levels unlike any other custom orthotic.

Back pain is one of the most common reasons for missing work and is the #1 cause of work-related disability in people under 45 in the U.S.

While they may be 'comfortable.' off-theshelf inserts do little to address the underlying biomechanical causes of back pain. They are also often costly, having to be replaced in as little as 3 months. Foot Levelers orthotics have a 1-year guarantee and last for years.

-Foot Levelers, footlevelers.com

Read more: ChiroEco.com/TheDoctors

#### LEGISLATION

#### Senate introduces bill to expand chiropractic access to military retirees. National Guard



A bill introduced today in the U.S. Senate and supported by the American Chiropractic Association (ACA) would expand access to chiropractic services to military retirees as well as members of the National Guard and Reserve through the Department of Defense TRICARE health program.

The legislation, known as "The Chiropractic Health Parity for Military Beneficiaries Act," introduced by Sen. Tammy Baldwin (D-Wis.) and Sen. Jerry Moran (R-Kan.) would not only enable

those who currently receive chiropractic care to continue their treatment, but would also establish, in the wake of the nationwide opioid crisis, an important non-drug option for pain management in the TRICARE program.

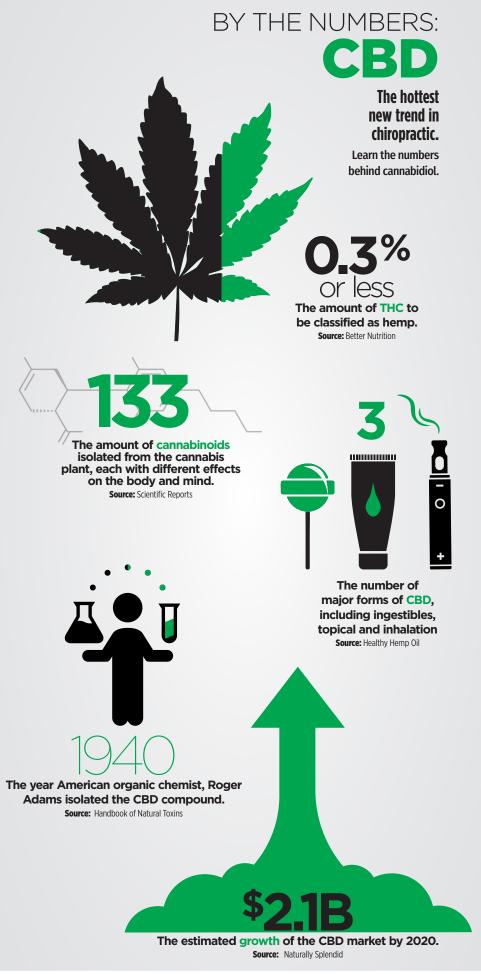
"Chiropractors have become valued members of the military health care team. Their non-drug, non-addictive and noninvasive approach to pain management is particularly relevant today for military personnel who wish to avoid the risk of addiction from prescription opioid pain medications," said ACA President N. Ray Tuck Jr., DC. "This latest legislation would ensure that military retirees as well as members of the National Guard and Reserve utilizing the TRICARE system continue to have access to the same quality chiropractic care for their pain."

Chiropractic services were first made available to active-duty military personnel following the enactment in 2000 of legislation creating a permanent chiropractic benefit within the Department of Defense health care system. As part of the benefit's pilot program, before full implementation, retirees were also granted access to chiropractic services on a space-available basis. The benefit was valued within the TRICARE community at the time. Today, however, chiropractic care is available only to active-duty service members at more than 60 military treatment facilities in the United States, as well as bases in Germany and Japan.

Chiropractors focus on disorders of the musculoskeletal system, most often treating complaints such as back pain, neck pain, pain in the joints of the arms or legs, and headaches. Widely known for their expertise in spinal manipulation, chiropractors are also trained to recommend therapeutic and rehabilitative exercises, and to provide dietary and lifestyle counseling.

—American Chiropractic Association, acatoday.com

Read more: ChiroEco.com/housebill



## BACKLOG

#### **HEALTH**

#### Gut microbiome may affect some anti-diabetes drugs



Why do orally-administered drugs for diabetes work for some people but not others?

According to researchers at Wake Forest School of Medicine, bacteria that make up the gut microbiome may be the culprit.

In a review of more than 100 current published studies in humans and rodents, the School of Medicine team examined how gut bacteria either enhanced or inhibited a drug's effectiveness. The review is published in the Dec.11 edition of the journal *EBioMedicine*.

"For example, certain drugs work fine when given intravenously and go directly to the circulation, but when they are taken orally and pass through the gut, they don't work," said Hariom Yadav, Ph.D., assistant professor of molecular medicine at the School of Medicine, a part of Wake Forest Baptist Medical Center.

"Conversely, metformin, a commonly used anti-diabetes drug, works best when given orally but does not work when given through an IV."

The review examined interactions between the most commonly prescribed anti-diabetic drugs with the microbiome. Before being absorbed into the bloodstream, many orally-administered drugs are processed by intestinal microbial enzymes. As a result, the gut microbiome influences the metabolism of the drugs, thereby affecting patients' responses, Yadav said.

Type-2 diabetes, a disease characterized by carbohydrate and fat metabolism abnormalities, has recently become a global pandemic. One main function of gut microbiota is to metabolize non-digestive carbohydrates and regulate a person's metabolism.

"Our review showed that the metabolic capacity of a patient's microbiome could influence the absorption and function of these drugs by making them pharmacologically active, inactive or even toxic," he said. "We believe that differences in an individual's microbiome help explain why drugs will show a 90 or 50 percent optimum efficacy, but never 100 percent."

The researchers concluded that modulation of the gut microbiome by drugs may represent a target to improve, modify or reverse the effectiveness of current medications for type-2 diabetes.

"This field is only a decade old, and the possibility of developing treatments derived from bacteria related to or involved in specific diseases is tantalizing," Yadav said.

—Science Daily, sciencedaily.com
Read more at ChiroEco.com/diabetesmeds

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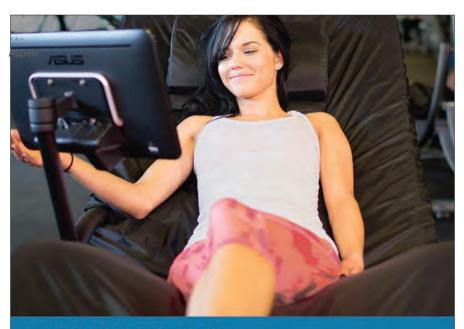


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# CBD: Miracle drug or snake oil?

## We're learning more every day.

#### BY DANIEL SOSNOSKI

TIME TO READ: 9-11 MIN.

By now you've certainly heard about cannabidiol, better known as CBD, a product derived from cannabis or hemp. CBD vendors at trade shows are consistently mobbed by curious doctors, and new companies are opening almost every week. Accordingly, you might be wondering if it's safe, if it's effective, and if it's legal.

The answers to these questions are clarifying as researchers and governments grapple with the burgeoning science and evidence behind CBD, and it's safe to say that we'll know more tomorrow than we do today. That said, it's time to take a close look at where we stand with this promising supplement.

#### A rocky road

Briefly, we know from archeological discoveries that people have been using the cannabis plant for medical and possibly religious purposes since at least 500 BC (if not earlier), and our word "assassin" comes from an Arabic word (hasisi) meaning "hashish-eater," entering

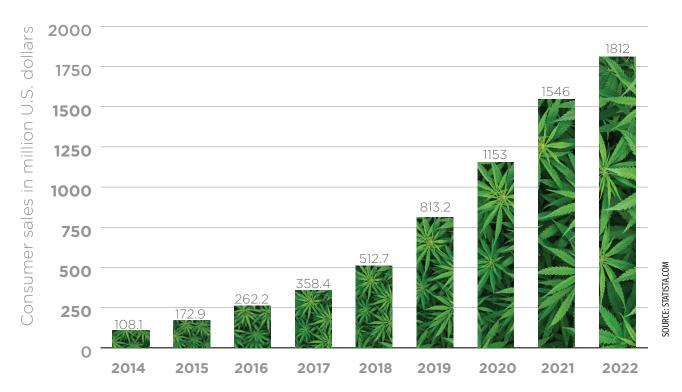
#### THE TAKEAWAY

The research around CBD, and the therapeutic applications and are in a continuous state of flux. But right now, it appears to be an effective treatment for a variety of conditions, and it has no apparent drug-drug interactions, tolerance-building effects, or overdose potential.

English around AD 500. America's Founding Fathers, including George Washington and Thomas Jefferson, grew hemp on their plantations, and by around the mid-1800s various medicinal preparations of cannabis were appearing in pharmacies as remedies for nausea and vomiting.

#### **TOTAL U.S. CANNABIDIOL (CBD) CONSUMER SALES**

from 2014 to 2022 (in million U.S. dollars)



In the early 1900s, Mexican immigrants introduced the practice of smoking marijuana, and it became somewhat popular until it was banned at the state level beginning in 1911. By 1933, more than half the states had outlawed cannabis, and it wasn't until 1973 that the long process of decriminalization began-which is still ongoing.

With the passage of Proposition 215 in 1996, cannabis for medical use was legalized in California and over the next 20 years more than half the states followed suit. The federal government, however, in passing the Controlled Substances Act in 1970, officially prohibited cannabis for any use—including medicinal—by listing it as a Schedule I drug (one having no recognized medical use and a high potential for abuse).

This gets us to where things stand today. The Farm Bill passage changes the status of CBD in the eyes of the federal law. CBD is no longer in a legal gray area, opening up the possibilities immensely for new research to be done. However, medical applications of cannabis and CBD are currently still lacking the robust academic studies needed to uncover with certainty how they work because of its past legal limbo. It was previously difficult for researchers to obtain and test theories in large cohort trials.1 Good- to highquality studies do exist, however, with evidence that cannabis and cannabinoids have modest to moderate therapeutic value for "treating chronic pain, chemotherapy-induced nausea and vomiting, and patient-reported symptoms of spasticity associated with multiple sclerosis."1

#### Wait, back up

The previous sections mention cannabis, cannabidiol, marijuana and hemp. These terms are not freely interchangeable. Some explanation is in order.

**Cannabis** is the name of the plant from which marijuana and hemp derive.

It comes in two varieties, Cannabis sativa and Cannabis indica. Although it is commonly believed that the sativa variety is more euphoric and the indica form more relaxing, there is little to no evidence that this is true. Rather, it's the cannabinoids, terpenes and flavones in a strain that give it its medicinal properties.2 The crossbreeding of plants has led to a general homogenization among them.

The type of cannabis called marijuana is cultivated to maximize the amount of **tetrahydrocannabinol** (THC) it contains, which is what gives it psychoactive properties.

On the other hand, the cannabis plant known as **hemp** contains almost no THC whatsoever, but it can be rich in CBD. Until now, hemp has mainly been an industry product used for its fiber.3 Confusion among lawmakers led to hemp being classified as a Schedule I drug along with marijuana. Commercially available CBD contains 0.3 percent THC or less, meaning it has





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no psychoactive properties.

The endocannabinoid system (ECS) is common to all mammals, and it consists of neurotransmitters and receptors found throughout the central and peripheral nervous systems. It acquired its name because it is affected by cannabis, but the body contains its own endocannabinoids, which are released by voluntary exercise—it's what runners experience (the "runner's high").

THC affects the endocannabinoid system by binding to CB1 and CB2 receptors, leading to euphoric effects, in addition to impacting appetite and reducing nausea.4 CBD, on the other hand, is an agonist at TRP channels and antagonizes GPR55. In effect, it suppresses the uptake of the body's own endocannabinoids, somewhat analogous to the action of selective serotonin reuptake inhibitors (SSRIs). CBD stops the body's absorption of anandamide, which regulates pain. And CBD is widely known for its anti-seizure properties. pain and inflammation moderation, and it's potentially therapeutic with respect to anorexia, metabolic syndrome-related disorders, and Parkinson's disease, among other conditions.5

**Terpenoids** are common to many herbs, such as menthol, camphor, the ginkgolide and bilobalide in Ginko biloba, and are common in citrus fruits. The curcuminoids in turmeric are well-known to herbalists. Those found in cannabis include caryophyllene, which has antifungal and anti-inflammatory properties, and gives marijuana its characteristic aroma. It's what drug-sniffing dogs detect. Phytol is a diterpene that increases GABA expression, which has a mild sedative effect.5 Terpenoids have powerful effects on pain cessation as well.6

The "entourage effect" was originally coined to refer to the activity of the body's native endocannabinoids, but more recently it has been applied to the concept that cannabis plants contain a mixture of cannabinoids, terpenoids and phytochemicals. It is theorized that CBD isolates may not work as effectively as full-spectrum products as the "entourage" of components could have synergistic properties. More research is needed to confirm or

disprove this hypothesis.6

#### Therapeutic applications

A review of the literature finds a range of claims for medical marijuana and CBD. Before recommending CBD to patients or advising them regarding their own use, weigh the evidence carefully regarding what is known and what is merely

#### **Most users of CBD report it** having a calming effect and attest to feelings of general wellness and relaxation.

believed. These are early days and evidence-based research is ongoing.

**Antipsychotic:** Drugs for patients who experience symptoms along the schizophrenic spectrum are generally treated with drugs that target the dopamine D2 receptors. A study of the effect of CBD on psychosis found that it can be as effective as the antipsychotic aripiprazole, and that it indeed functions as a dopamine D2 agonist.6

**Anti-seizure:** CBD is well-known for its usefulness in controlling seizure disorders. In fact, one of the first companies to market CBD oil to consumers was founded to treat a child who wasn't being helped by traditional pharmacotherapy. Its effectiveness in this regard was instrumental in changing laws in many states to legalize CBD or make it available to medical patients. Earlier this year, the FDA approved a purified CBD product called Epidiolex for treatment of severe epilepsy.7 It's notable that the drug was approved on a fast-track basis.

**Anti-anxiety:** Most users of CBD report it having a calming effect and attest to feelings of general wellness and relaxation. This may make it an appropriate treatment for patients with neuropsychiatric disorders, such as panic disorder (PD), generalized anxiety disorder (GAD), posttraumatic stress disorder (PTSD), social anxiety disorder (SAD), and obsessivecompulsive disorder (OCD).8 Standard treatments for these types of patients is with SSRIs and benzodiazepines, which



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convey considerable risks of side effects and dependency.

Antioxidant: As mentioned above, CBD has anti-fungal properties and is protective in a number of ways, including anti-inflammatory effects from the action of several of its components. It has been shown to suppress the transcription of many proinflammatory genes.9 One study found that THC extracts had limited effect in controlling cancer cells, but CBD was highly effective at preventing cell growth and causing apoptosis (cell death) in cervical cancer lines, and may prove useful in inhibiting prostate and breast cancer growth.10 More research is needed in this area.

**Analgesic:** One way that CBD appears to mitigate pain is by potentiating glycine receptors, glycine being an inhibitory neurotransmitter in the brain and spinal cord. 11 Virtually every drug developed for treating chronic, inflammatory and neuropathic pain comes with adverse side effects. Lab

studies have found that CBD is not only effective in this regard, but it appears to have no tolerance-building aspect. Unlike with many drugs aimed at longterm pain management, CBD remains effective at a standard dose over time.

#### But is it legal?

This has always been the overarching issue regarding cannabidiol because it has existed in a legal gray area for most of its existence. The constant flux of legality is often the reason DCs are wary of recommending it to their patients. despite its numerous benefits. However with the passing of the Agriculture and Nutritional Act or Farm Bill, industrial hemp is now legalized. This cannabis strain is critical to the CBD industry. This removes hemp and any hemp derivative from the Controlled Substances Act, legally separating it from marijuana and putting its supervision under the Department of Agriculture.

"The passing of the 2018 Farm Bill is a huge victory for natural medicine in the United States and the supplement industry. We will now be able to safely and effectively provide hemp/CBD products to people in all 50 states without any doubt of legality," said S. Michael Lioon, co-founder of TruGen3. "Patients suffering from illnesses such as inflammation, anxiety, seizures, sleep, and neurological conditions will now be able to legally obtain an all natural product to support their conditions. And for companies with hemp/CBD products, we will now be able to market our products across all media platforms without any restrictions. This is really a win for all parties involved."

The Farm Bill is a huge win for the CBD industry, but does not create a completely free system where anyone can grow hemp whenever or wherever they want. In order to be classified as industrial hemp, it cannot contain more than 0.3 percent THC. States will also have submit plans to license and regulate hemp to the USDA before operations can commence. But as a DC, you can rest easy knowing that recommending CBD is no longer in legal limbo.

Dosage and protocols for use are largely patient-dependent. Experts







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#### G FEATURESTORY

advise "starting low and slow." <sup>12</sup> In one study, participants were given varying doses of CBD prior to giving a public talk—traditionally a highly stressful experience for most people. It was found that increasing the amount of CBD reduced the speakers' anxiety up to a point, beyond which it had the opposite effect.13 Therefore, patients should self-titrate to the amount medically efficacious, and sustain their dosage to that degree.

The landscape regarding what is known about CBD and what its therapeutic applications are in a continuous state of flux. At the moment, it appears to be an effective treatment for a variety of conditions, and it has no apparent drug-supplement interactions, tolerance-building effects, or overdose potential. It is extremely safe and well tolerated. Whether you recommend it to patients or not, CBD should be on your radar as a promising supplement for numerous acute and chronic health conditions. CE

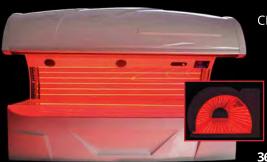
**DANIEL SOSNOSKI** is the former editor-inchief of *Chiropractic Economics*.

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TIME TO READ: 6-8 MIN.

EVERYONE KNOWS THAT CHIROPRACTORS
TREAT THE HEALTH OF THE SPINE, and
when it comes to treating both acute
and chronic spine pain, chiropractors
are in an excellent position to use a
variety of tools to not just ease patients'
discomfort, but to fix the cause of the
problem as well.

Over the last 20 years, the body of scientific evidence has grown, and it confirms that chiropractors treat acute and chronic spine-related disorders with great efficacy. More to the point, it's safe to say that based on the published clinical practice guidelines in the medical literature, many of the things you do in practice every day have strong scientific evidence.

In addition to the scientific literature, however, evidence-based practice

#### THE TAKEAWAY

Research is on your side when it comes to treating acute and chronic pain. But there is also value in using your own clinical experience. Use your own personal experience and evidence-based guidelines to determine the right treatments for your patients.

(a combination of related scientific evidence, clinician experience and patient values) shows other modalities can also be effective. In fact, absence of evidence is not lack of evidence of efficacy. If a patient wants electrical stimulation and it has helped them with acute back pain, that is an evidence-based recommendation and an intervention that is completely acceptable to alleviate pain because it's what the patient values.

Because what most do as chiropractors is evidence-based, their

style of practice is in alignment with clinical practice guidelines. That being said, there are some chiropractors who perform interventions that are not necessarily within clinical practice guidelines because there is not a lot of hard scientific evidence for the approach. If a modality helps patients and if chiropractors have found it effective in their practice, then it's totally appropriate to provide that intervention.

Guidelines are just that—guides. They are not prescriptive cookbooks. Clinician experience with tools that help patients

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should also be part of that guide.

#### Acute interventions

The Annals of Internal Medicine clinical practice guideline for low-back pain recommends non-pharmacologic interventions.1 Acute spine pain is effectively treated with manual approaches spinal manipulation and soft-tissue techniques. In addition, acupuncture

#### Guidelines are just that—guides. They are not prescriptive cookbooks.

is highly effective, according to this published guideline. In fact, for all three categories of back pain-acute, sub-acute, and chronic-only spinal manipulation and acupuncture were recommended across the board.

When it comes to acute spine-related pain, it is critical to manage it correctly from the start. Therapies should be based on what the evidence says works and incorporate your own experience. Managing acute pain is important so it doesn't become chronic, and it is critical in the overall rehabilitative process because pain alters how a person moves and can create secondary compensations.

With acute pain, the frequency of care matters, especially in the first few weeks. According to several studies, for patients treated at a higher frequency in the first few weeks of acute pain, the faster the reduction in pain and disability.2 Further, when you are making recommendations to patients about treating their spinerelated pain, providing interventions and explanations of those interventions to prevent secondary recurrence is crucial.

The operative phrase in creating a treatment plan whereby the patient adheres to the plan is shared decisionmaking. Making sure patients play a role in how (and how frequently) they are treated matters. Strong communication and teaching skills are required to set the stage for patients to understand the why, the what, the how, and the frequency of care.

#### Chronic considerations

When it comes to chronic spine-related pain, according to the Annals publication, there is an even larger menu of options. This includes adjustments and rehabilitative exercise, as well as acupuncture, behavioral-cognitive therapy, and other psychosocial interventions. There are also psycho-social techniques that reward good behavior and punish bad behavior, and this can work in the chiropractor's tool kit to mitigate chronic spine-related pain.

While the amount of scientific evidence supporting some of the passive modalities used in chiropractic offices may be in short supply, if patients want the service or modality and it provides them with an improved outcome, then why not provide it for them? The key, however, is to move patients from passive to active care as quickly as possible.

Think empowerment when it comes to care delivery, especially with the chronic pain patient. Empowerment ensures patients have the knowledge, skills, attitudes, and self-awareness to improve the quality of their lives. Because chiropractors provide care to people with chronic pain at some point, it is your responsibility to prepare patients to make informed decisions about their treatment. Empowering patients to selfmanage their chronic pain can lead to improved patient-centered outcomes.

International practice guidelines as published in Lancet state spinal manipulation and exercise were the only two recommendations for both acute and chronic spine pain.3 The bottom line is that the common denominator for both clinical practice guidelines—the Annals paper and the Lancet paper—is spinal manipulation. It is critical for pain management of spine-related disorders.

#### Supplement options

In additional to spinal manipulation, there are certain supplements that have evidenced efficacy as it relates to controlling inflammation, which in turn may be able to help with spine-related pain.

These include:

- Proteolytic enzymes and protease supplementation
- ▶ Omega 3, 6, 9 (must contain GLA to avoid lipid peroxidation)
- ▶ Curcumin
- ▶ Vitamin D
- Bromelain
- Glucosamine and chondroitin

There are many other supplements that offer relief of spine- and jointrelated pain, and, as stated above, a chiropractor can incorporate those interventions with evidence-based therapies as they see fit to alleviate both chronic and acute pain. Use your own personal experience, in addition to evidence-based guidelines, to determine the treatments that are right for your patients. And always listen to patients' past experiences with pain management. What has worked for them in the past is worth considering incorporating into your treatment plan now. Œ

JAY S. GREENSTEIN, DC, CCSP, CGFI, CKTP, FMS, is the founder and CEO of Sport and Spine Companies in Fairfax, Virginia. He has served as the team chiropractor for several professional sports teams and was awarded as Chiropractor of the Year in 2007 and 2010 for the Maryland Chiropractic Association and Chiropractor of the Year in 2010 for the Virginia Chiropractic Association. He can be contacted through ssrehab.com.

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# FETCH PAYMENTS IN THE CLOUD

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## THE PLIGHT OF A DESK JOB

The cause of millions of lost work days.

BY KEVIN WONG, DC

TIME TO READ: 6-8 MIN.

ONE OF THE MOST COMMONLY PUBLICIZED AILMENTS OF THE HUMAN BODY IS LOW BACK PAIN. Experts estimate that up to 80 percent of the population will experience low back pain at some time in their lives.<sup>1</sup>

Low back pain is the third most common reason for visits to the doctor's office, behind skin disorders and osteoarthritis and joint disorders. It typically costs Americans at least \$50 billion in health care costs each year.<sup>2, 3</sup> Most cases of back pain are mechanical or non-organic—meaning

#### THE TAKEAWAY

Low back pain impacts not only our patients but also businesses. Data shows that low back pain in the workplace has reached epidemic proportions. As chiropractors, we have the ability and the responsibility to help our patients improve their health and wellness.

they are not caused by serious conditions, such as infection, single-incident trauma, or cancer.<sup>4</sup>

#### Low back pain at work

At work, many of our patients are subjected to hours upon hours of less than favorable ergonomic postures. Many people sit at their desk, drive for long hours, or engage in repetitive tasks with various body parts.

Prolonged stress to any body part or joint can create instability, stress, muscle tightness, nerve irritation, and then pain. With a joint or joints out of alignment, our patients' biomechanics or movement patterns are not healthy and increase the risk of injury.

Many workers do not realize the importance of spinal and extremity

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This is Dr. Mark. He hasn't been sleeping too well lately. He can't. He lies in bed awake, trying to solve the many problems that he just can't get on top of.

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Not to mention, he's wondering how he's going to grow his practice when insurance companies keep paying out less and less and every chiropractic consultant has been a let down... finding himself even more in debt.

This isn't why Dr. Mark became a Chiropractor in the first place. He wanted to help people! He wanted to help patients get out of pain and truly make a difference, while providing a nice, comfortable life for his family.

Where did he go wrong?

Well, the sad truth is...it's not his fault.

So many chiropractors start out like Dr. Mark, hoping to help people, only to realize they didn't learn how to run and grow a business in school.

I'm Dr. Todd Singleton. I'm sure you've seen me around in the articles I've written for all of the chiropractic trade journals, or speaking at the main trade shows around the country. Over ten years ago, I pioneered the concept of running a weight loss program from a chiropractic office.

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"I've used the program for one week and already made money. The amazing part is they are always there for me. It's a turn-key system, and I am very pleased with them!"

"We are on track to make \$40,000 this month, and  $\,$  my patients are getting fantastic results."

"In 26 years, this is the greatest value I have ever received."

"Thank you for creating such an awesome program! I am having more fun now than at any time in my 17-year career!" Now, if you're wondering how my program stands up to others in the industry, let me clue you in... Ever since opportunists in our industry realized they could sell weight loss to chiropractors, there's been numerous copycats come and go. The big difference between my program and the rest? It works. Simple as that. Even though people have ripped off my program, they can't ever duplicate it quite right, to get the results that our doctors get. So...

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- · Not seeing ideal results with patient care...

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I know you're probably skeptical. After all, what I'm saying might be contrary to what your family, friends and colleagues talk about. But let me ask you one question...how many of them are financially stable?

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#### CLINICALCONCERNS



alignment and can't make the connection to why they are in pain. A typical example of this is my patient, Donna. Donna is a 50-year-old woman who has a desk job doing clerical work.

She works an 8-hour day and is typically sitting for 98 percent of that time. She has episodes of chronic low back and hip pain that afflict her every few months. She has always consulted her family physician, who has recommended rest, medication, and physical therapy.

Until she came to my office, she never understood how her lumbosacral spine and hips could be out of alignment and be the cause of her muscle spasms and pain.

#### Many workers do not realize the importance of spinal and extremity alignment and can't make the connection to why they are in pain.

#### The long-term effects of poor posture

When the average worker is doing his or her job, most do not feel any ill effects after sitting with poor posture for a couple of hours. But just think about what poor posture will do over the course of one week, one month, or one year. The stress that poor posture places on the body can lead to unhealthy anatomical changes in the back, neck, hips, knees, shoulders, elbows, and wrists. This, in turn, can create or flare up back pain through the constriction of the blood vessels and nerves. In addition, the stress from poor posture can lead to back pain by causing problems with the muscles, discs, and joints.

Although poor posture is evident in many facets of daily life, including while at work, we can help our patients improve their posture and reduce low back pain through the following methods:

**Posture Analysis or Structural** Fingerprint Exam. Taking specific aspects of standing posture gives us data and observations directing us to specific changes each patient needs.

Chiropractic care. Keeping patients

#### **PRACTICE GOOD POSTURE** BY KEEPING THE **FOLLOWING TIPS** IN MIND:

- 1. Stand straight and tall with vour shoulders back.
- 2. Keep your head level and in line with your body.
- 3. Pull in your abdomen.
- **4.** Keep your feet about shoulder-width apart.
- 5. Don't lock your knees.
- **6.** Bear your weight primarily on the balls of your feet.
- 7. Let your hands hang naturally at your sides.

aligned helps reduce unhealthy movement patterns and minimize wear and tear on the body.

**Custom foot orthotics that support** all three arches of the feet. This allows for proper and complete support of the feet and a stable foundation for the ankles, knees, hips, pelvis, spine, shoulders, and head. In 2017, a study published in the Archives of Physical Medicine and Rehabilitation showed custom orthotics help reduce low back pain.

Stretching and strengthening **exercise.** Improving flexibility and strength increases range of motion, supports better movement, and improves control.

Low back pain impacts not only our patients but also businesses. Data shows low back pain in the workplace has reached epidemic proportions. Worldwide, back pain is the single leading cause of disability and accounts for 264 million lost work days.5,6,7

According to the Occupational Safety and Health Administration, employers pay between \$39 - \$78 billion in indirect



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### CLINICALCONCERNS

costs annually because of back injuries. Data from the National Safety Council shows workers' compensation claims for low back pain were almost \$40,000, or higher than the average cost for injuries to other parts of the body.<sup>6</sup>

As chiropractors, we have the ability and the responsibility to help our patients improve their health and businesses improve their workplaces. By treating our patients with adjustments,

supporting their foot arches with proper orthotics, and utilizing other ergonomic tools, we can help improve the way their bodies respond to work demands.

By educating employers about the importance of posture and alignment, we can help employers reduce the effects of fatigue and strain on the body, lower the risk of injury, and decrease missed time off and disability claims that are a result of low back pain.

This will keep our patients healthier and both our patients and employers happier. **©** 

**KEVIN WONG,** DC, is an expert on foot analysis, walking and standing postures, and orthotics. He discusses spinal and extremity adjusting at speaking engagements. He can be contacted through orindachiropractic.com.

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Dallas, TX May 18 - 21 2-day Mass Cup / 2-day Medi Cup

Sedona, AZ June 1 - 3 Lymphatic Balancing Level 2

Flayosc, France June 1 - 3 ACE VacuTherapies Level 3

Flayosc, France June 7 - 9 ACE VacuTherapies Level 3

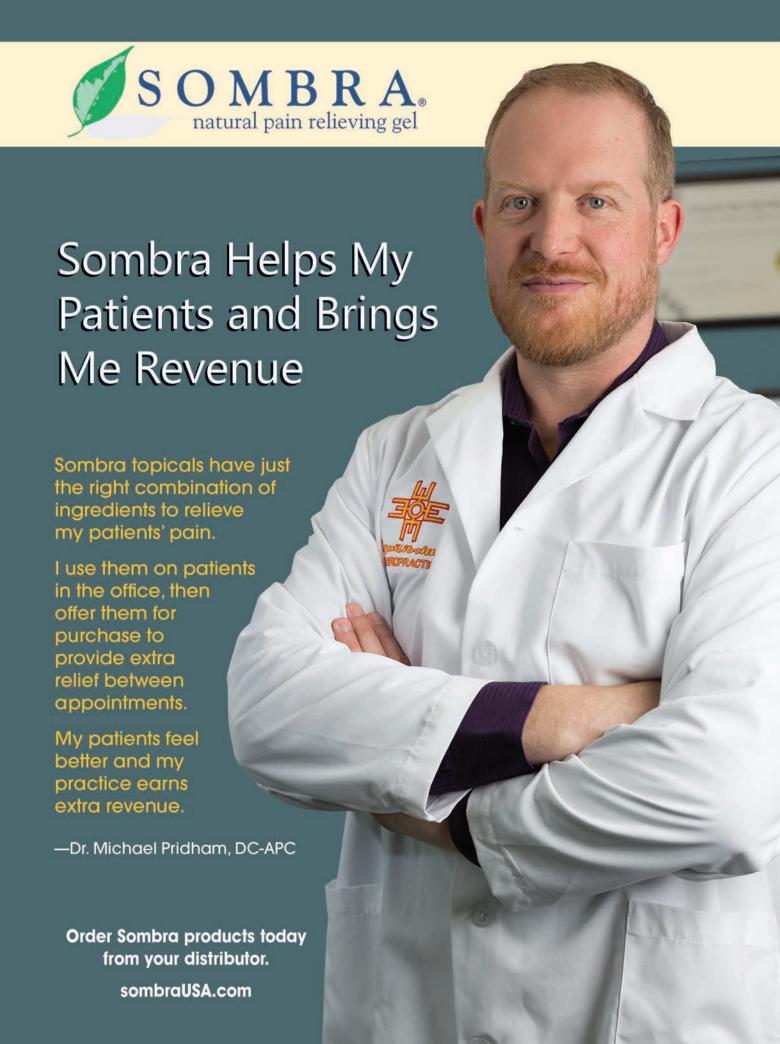
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# INTEGRATED DIVERSIFICATION

A strong approach to attracting the right patients.

BY TRISH LEIGH, PHD, BCN

TIME TO READ: 6-8 MIN.

#### **DIVERSITY IS THE KEY TO SUCCESS FOR MANY BUSINESSES.**

Not random diversity, but intentional, integrated diversity. Many chiropractic practices across the country are filled with patients seeking relief from pain. Of course, helping patients with pain relief is one way to serve those in need. Pain reduction has long been offered by chiropractors through a biomechanic approach to musculoskeletal issues and it has been proven incredibly effective.

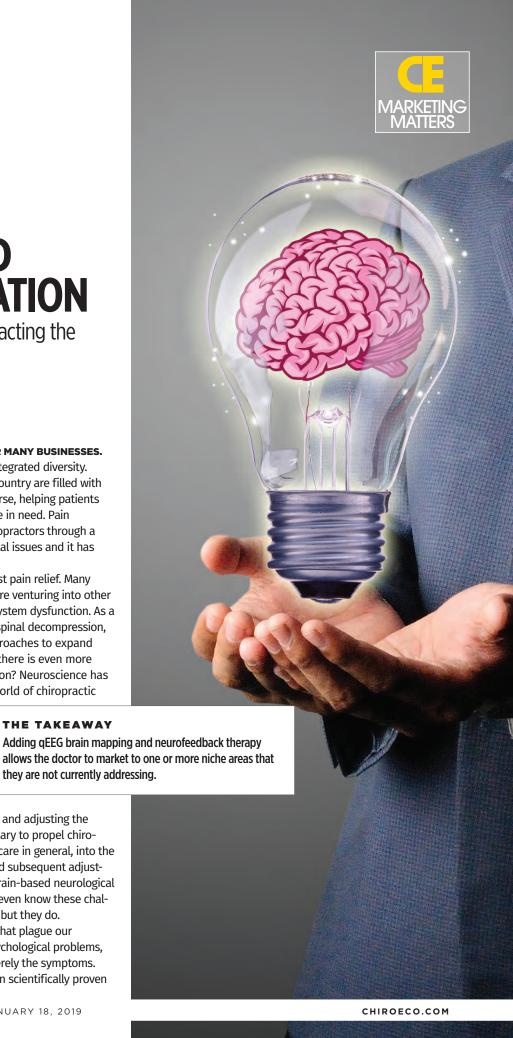
However, chiropractic is more than just pain relief. Many chiropractors embrace this notion and are venturing into other advanced ways of addressing nervous system dysfunction. As a DC, you may have added laser therapy, spinal decompression, or higher-level functional medicine approaches to expand your services and reach. Did you know there is even more you can do to round out service provision? Neuroscience has combined with technology within the world of chiropractic

so comprehensive care can be extended to a DC's current patients and attract a new body of different and varied patients to the office.

### Where it began

D.D. Palmer once said, "There is a vast difference between treating effects and adjusting the cause." The diversification that is necessary to propel chiropractic care, or more profoundly health care in general, into the future necessitates the identification and subsequent adjustment of the cause of a wide variety of brain-based neurological issues. As a chiropractor, you might not even know these challenges fall under your scope of practice, but they do.

Many underlying neurological issues that plague our society are perceived as cognitive or psychological problems, although the outward difficulties are merely the symptoms. ADHD, anxiety, and depression have been scientifically proven



# THIS IS <u>NOT</u> A HANGOVER FIX



\*Whispers\* It totally is though;)



### **MARKETINGMATTERS**

to be manifestations of improper neurological functioning in the brain. Thus, the diagnoses are the effects and not the cause. The cause is hypo- and hyper-electrical activity within the brain. Scientific studies show these irregular brain activity patterns can be identified using a quantitative electroencephalogram, or "qEEG brain mapping." Once identified, the cause can be adjusted neurologically using neurofeedback therapy.

Hyperactivity, or too much fast processing speed of the brain, results in anxiety, stress, and physiological symptoms such as muscle tension, headaches, and even tinnitus.

### Many underlying neurological issues that plague our society are perceived as cognitive or psychological problems, although the outward difficulties are merely the symptoms.

Hypoactivity, or too much slow processing speed of the brain, results in ADHD, learning challenges, memory decline, speech and language issues, and motor problems. The irregular neurological activity can be considered a "subluxation" of the brain. These brain subluxations have been scientifically proven to be adjustable toward optimal activity for symptom reduction and alleviation.

The understanding that the above issues and more are a compromised central nervous system function can open your mind and practice to a wide variety of patients who need help. These new and varied patients can be served with state-ofthe-art neurological chiropractic care.

### What the science says

How do new, varied types of patients offer integrated diversification for the chiropractic office? Science proves irregular hyper- and hypo-active brain patterns occur in concert. What this means is that many people who have ADHD also suffer from anxiety. The brain compensates for too much slow brain activity by shifting into overdrive. Increased fast brain activity serves to offset the original slowness often leading to ADHD.

Inversely, those people who suffer from chronic anxiety often find themselves in a state of overwhelming low motivation or depression. This happens because the nervous system downshifts into slower speeds to compensate for the long-term sustained fast brain activity. Thus, patients at both ends of the brain activity spectrum are ideal candidates for care.

Often, patients have both fast and slow brain patterns and the symptoms that go with each create a great deal of suffering. This highly qualifies people for brain-based services before they step in the door. Their fast or slow brain activity patterns can be identified using gEEG brain

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mapping and then improved through neurofeedback therapy.

### What about current patients?

When a person's brain is stuck in a hypoor hyper-aroused state, it can create a cascading effect throughout the body that makes pain, inflammation and metabolism worse and more difficult to treat. Thus, most of a DC's current body of patients will have one or more of these underlying brain activity patterns. Adding brain-based services can improve outcomes for your current patients by assessing and improving brain performance. When their brain works better, their whole system works better, too. High-level integrated care can help all your patients feel and perform better faster and for a longer duration.

### What does the science say?

These services are so effective that they are celebrated by neuroscientists at Harvard University. In fact, the American Academy of Pediatrics and the American Psychological Association endorse neurofeedback therapy as a No. 1 top-level, best support for ADHD, anxiety, and depression respectively.1-4 This modality is considered an effective and scientific approach to remediating outward symptoms by treating the underlying neurological issue.5

The latest study of neurofeedback proved effects were strong

for symptom reduction after a neurofeedback treatment program and were even stronger up to one year later. This is how neuroplasticity works. Once brain performance has been improved, if the person continues to use the new and more efficient brain activity pattern, this pattern will continue to hardwire itself in, improving performance and symptoms even more over time.

### Diversification

Adding qEEG brain mapping and neurofeedback therapy allows doctors to market to one or more niche areas they are not currently addressing. By establishing your chiropractic practice as the expert in this type of care, you can serve a greater number and variety of people. Patients with new and interesting challenges will come to you because these services are the only scientifically proven modalities to address the underlying issues that causing their problems.

The best part is that neurofeedback works, and it is measurable. Graphs of brain performance during each session make it so the doctor can track a patient's progress and share it with them. Not only do patients feel and perform better, but the DC can show patients that relief is directly due to their brain-based chiropractic care. When your new niche patients get better with long-lasting effects, they

will refer friends and family, and others will seek you out for top-notch care.

Like the stock market, investing in new state-of-the-art neuroscientific technology ensures a diversified portfolio of patients for long-term, integrated success in practice. CE

TRISH LEIGH, PhD, BCN, has been an educator for 20 years and operates a thriving neurofeedback practice, Leigh Brain and Spine, with her chiropractor husband. With a proven office system in place, she is dedicated to teaching professionals how to build an effective and profitable neurofeedback practice through her fiveweek online training course, Neurofeedback Experts. Program details can be found at drtrishleigh.com or by calling 919-401-9933.

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BY GARY HUDDLESTON, DC

TIME TO READ: 5-7 MIN.

Since the inception of chiropractic over 100 years ago, the movers and shakers of the profession have always sought new and innovative techniques and methods of care to help their patients get better. Pioneers such as J. Clay Thompson, DC, PhC, and Clarence S. Gonstead, DC, were always refining their knowledge.

Many doctors have been satisfied and done extremely well basing their practice on correcting the subluxation complex with adjusting techniques alone. Others have ventured a bit forward, adding modalities and additions such as electric flexion distraction. In today's health care market, however, patients are getting savvier and are often seeking a doctor who is using new and exciting treatment alternatives to an adjustment.

While the adjustment is still the profession's bread and butter, there are

#### THE TAKEAWAY

Combining decompression therapy and laser therapy into your practice can increase patient outcomes and expand your toolbox as a practitioner to address pain.

now additional avenues to be explored that can not only help patients feel better faster, but also raise your bottom line and profits. It goes without saying that if the only tool you have is a hammer, every problem looks like a nail. Most practitioners want to expand on that toolbox.

### Synergistic strategy

In the simplest equation, one and one are two, but in health care, the sum of one and one can be three. Simply put, combining two outstanding treatment methods can give a better result than when using them individually.

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## **TECHTALK**

When you add any new treatment or modality into your clinic, you want to get better results, patient satisfaction, and a swift return on your investment. Equipment costs can add up, and another factor is the time needed to administer them.

Tying up a therapist for an hour for a \$12 insurance payment isn't time or money well spent. You need to add upgrades that are fast, selfadministering or requiring minimal staff time, and that offer a good return. If the return is cash-based, even better.

You might consider offering spinal decompression, which is a wellestablished modality. It produces exceptional results, only takes a few minutes of time, and is a pay-as-yougo-based treatment. And you can now purchase a good spinal decompression table for \$15,000 or less. That might sound expensive, but getting a payment of \$50 or more per treatment adds up fast. Those in larger cities can also charge more per visit than those in smaller rural areas.

Most of the time, a therapist can perform decompression and the doctor might not see the patient or just come by to say hello and ask how they're doing. The doctor only needs to give the prescription for the different factors involved, such as hold time, rest, and treatment time, and let appropriately trained staff do the rest.

Factors such as age, abuse, and wear and tear produce a tremendous negative impact on the disc that usually will be in need of rehydration and repair. Both of these are common factors when it comes to low-back pain and certain neuralgias.

Some patients need distraction as they are being treated, and others tend to fall asleep during the procedure. Decompression should never be painful during or after the therapy, and patients often have a reduction of symptoms quickly.

#### Photobiomodulation

The second factor that is combined with spinal decompression is laser therapy. There is actually quite a bit of debate among laser manufacturers about the

efficacy of class 3 or class 4 lasers. This article will not settle that question, but rather focus on combining spinal decompression and laser therapy together to obtain maximum patient recovery.

Some prefer a class 4 laser, but you can use lower power laser if you prefer. You should obtain positive results if the laser is of good quality from a reputable manufacturer.

Factors such as age, abuse, and wear and tear produce a tremendous negative impact on the disc that usually will be in need of rehydration and repair.

As you may know, lasers heal using the principle of photobiomodulation. Without going too deep into the technical aspects, photobiomodulation refers to the reaction of the cell and mitochondria to light stimulation.

This phenomenon causes an increase in adenosine triphosphate (ATP) and healing of the damaged structure.

Besides having patients who are exclusively seeking spinal decompression, our practice has a large following for only laser therapy, especially for areas such as the knees, low back, and shoulders. Laser is extremely fast and results are often immediate. When combined with spinal decompression, the results can be extraordinary.

### **Typical protocols**

After an exam, X-rays, or other needed diagnostics, our patients start out with a 10-minute decompression treatment. Parameters are set for each patient based on size, weight, condition, and area of consideration. There is no cookie-cutter formula, but we try to make spinal decompression easy to learn.

The position called "reverse inversion" is extremely comfortable for the patient, and it doesn't put strain or pressure on the eyes or other parts of the body. Besides the pull of the decompression

head, the position allows gravity to help as well. We increase the treatment one minute for every visit for a maximum of 15 to 18 minutes.

Treatment parameters are reviewed every four visits and they are usually changed as treatment progresses and patient improvement is demonstrated. Watch out for over-traction. This can result in a condition known as "spinal disconnect," where the patient is left worse than when they started and the systems of the body do not act synergistically. It is better to use too little pull than too much.

When combining the two therapies, consider starting with spinal decompression. It relaxes the patient and prepares the disc and supporting structures for the healing benefit of the laser.

When the disc has been addressed and rehydrated, the results last longer and healing is quicker when followed with laser therapy. It's recommended to have the laser in the spinal decompression room to minimize patient movement.

You can tell patients in simplified form that spinal decompression sets and aligns the spine, much like building blocks. Then laser therapy is used to help keep the vertebra in line as well as help with the healing process of the disc.

If you use a dual-frequency laser, you'll find it good for rehabilitation, pain control and improved blood flow. The double combination of wavelengths helps speed the healing process and, when combined with spinal decompression, it's a strong tool for patient care. **Œ** 

GARY HUDDLESTON, DC, is a 38-year chiropractic veteran and has published over 100 articles in various chiropractic and professional publications. He is the owner of Accuflex Tables and his practice includes working for professional sports, music, and the film and entertainment industries. He can be contacted at drg4000@att.net or through accuflextables.com.



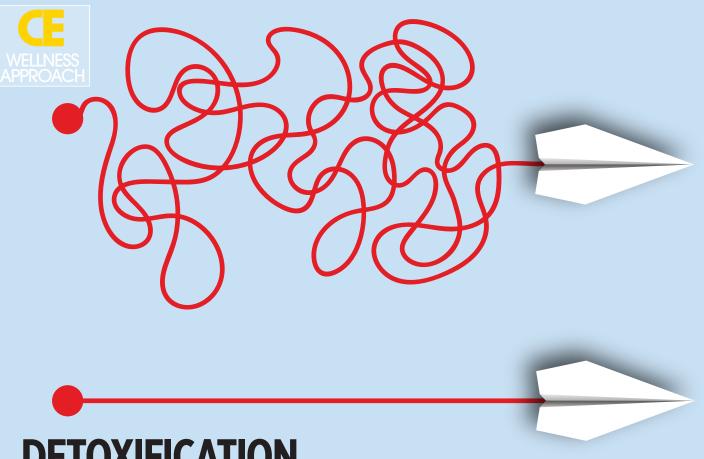
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DETOXIFICATION, 'SIMPLIFIED'

The concept is widely used but not widely understood.

BY STEVEN NICKELS, DC

TIME TO READ: 7-9 MIN.

### **DETOXIFICATION IS A POPULAR TERM** THAT HAS BEEN USED LOOSELY IN **RECENT TIMES.** It includes a wide range of protocols and practices. The underlying rationale is that the environment is full of toxins, chemicals, X-rays, pollutants, herbicides, and pesticides, all of which cause damage to cells, proteins, and DNA. These free radicals accelerate aging and are even

It is impossible to avoid damage by toxins, but it can be reduced. To that end, the following is a general but limited overview of detoxification, or "detox."

### Types of toxins

linked to cancer.

Detoxification occurs through multiple pathways in the human body that remove unwanted chemicals and is often

### THE TAKEAWAY

There are many misunderstandings about what detox means. And while vou can never eliminate the chances of being exposed to toxins, you can encourage your patients to follow a detoxification plan.

referred to as metabolic detoxification. This includes enzymatic reactions that neutralize toxins and send them to filter organs such as the liver and kidneys to be excreted from the human body. These toxins include xenobiotics, which are foreign chemicals, and unwanted endobiotics, which are internally produced chemicals.

**Endobiotics include excess** 

hormones, inflammatory substances, vitamins, and other compounds. These are eliminated from the body by detoxification processes that include enzymes that protect the body from environmental toxins and help excrete prescription medications. Detoxification reactions maintain homeostasis in the human body.

Poisons produced by living organisms are referred to as toxins, and man-made chemicals with the potential for toxicity are called toxicants. These toxins and toxicants can act as mutagens or carcinogens, causing DNA damage, or mutations that can lead to cancer. They can also interfere with metabolic pathways, resulting in the dysfunction of the







## WELLNESSAPPROACH

nervous system, liver or kidneys, and other organs.

Toxins often enter the diet by way of microorganisms or toxicants from pesticides, substances from food processing, medications, and industrial waste. In addition, toxins may include heavy metals such as lead, cadmium, chromium, and mercury that find their way into the diet.

Toxins can also be found in bacteria and fungi and are ingested after contamination or improper food preparation. Some toxins result from overly high-temperature food preparation, such as nitrogen-containing compounds and meat products, which can be converted at high temperature to mutagens. For instance, smoked meats and cheeses can contain mutagenic toxins after being heated.

Respiratory exposure to toxic compounds also poses a risk of health problems, including immunological issues, hormone imbalances, kidney problems, blood disorders, bronchitis, and asthma. Non-dietary toxicants can emanate from air in the home. building materials, and toxic benzene derivatives found in disinfectants and deodorizers, as well as other cosmetics and hygiene products.

exposure to toxic compounds. Avoiding the consumption of charcoal and overly cooked and charred foods, specifically meats, reduces toxic exposure significantly as well.

### **Detox science**

Lipid cell membranes are barriers to water-soluble compounds. But they don't act as efficient barriers to lipid-soluble compounds. Therefore, lipid-soluble toxins can penetrate the anterior of a cell and damage or destroy it. Accordingly, in metabolic detoxification, a system converts lipid-soluble toxins into inactive water-soluble metabolites through three phases that remove undesirable or harmful lipid-soluble compounds via proteins or enzymes. The three phases include Phase I, transformation; Phase II, conjugation; and Phase III, transport.

The liver is the main organ for detoxification. It filters blood that enters the liver from the intestines and it prepares toxins for elimination from the human body. Other locations for detoxification include the lungs, brain, kidneys, and intestines.

Phase I of detoxification, known as enzymatic transformation, transforms lipid-soluble compounds into watersoluble compounds before Phase II of detoxication takes it from there. Most of the transformation in Phase I is

water-soluble toxins transformed from Phase I are dealt with in Phase II by enzymes that modify and reduce toxicity through their anti-carcinogenic and anti-mutagenic properties.

For the most part, Phase II enzymes are produced and controlled by a protein called nuclear factor (erythroid-derived 2)-like 2 (Nrf2). It also controls genes in the production of detoxification molecules, such as glutathione and superoxide dismutase (SOD). It significantly affects heavy-metal detoxification and recycles CoQ10, which is a strong antioxidant.

Dietary sources from broccoli and hops may also directly activate Nrf2 and the enzymatic activity in Phase II. Other Phase II enzymes include UDPglucuronosyltransferases (UGTs), which attach glucuronic acid to toxins to make them more water-soluble. Clinical drugs and dietary supplements are metabolized by UGTs.

Other enzymes in Phase II include glutathione S-transferases (GSTs), which transfer glutathione, a significant antioxidant, to Phase I products. GSTs are involved in the metabolism of endobiotics, such as steroids, fat-soluble vitamins, bilirubin, prostaglandins, bile acid, and thyroid hormone. GSTs also detoxify free radicals.

Another enzyme in Phase II is sulfotransferase (SULT), which connects sulfates to acceptor molecules that are important in detoxification reactions and is involved in detoxification of drugs and xenobiotics as well as the metabolism of thyroid and adrenal hormones, steroids, vitamin D, ascorbate, retinol, and serotonin.

To a lesser degree, an enzyme involved in Phase II called methyltransferase is involved in methylation using S-adenosyl-L methionine (SAMe), which eliminates excess dopamine or adrenalin. Other less-used enzymes in Phase II include arylamine N-acetyltransferases (NATs) as well as amino-acid conjugating enzymes such as glycine and glutamine that attach to xenobiotics.

The last phase of detoxification is Phase III, called transport, which occurs in the kidneys, brain, liver, and

Toxins often enter the diet by way of microorganisms or toxicants from pesticides, substances from food processing, medications, and industrial waste. In addition, toxins may include heavy metals such as lead, cadmium, chromium, and mercury that find their way into the diet.

### Harm reduction

You cannot hibernate to escape toxin and toxicant exposure. But you can avoid and reduce exposure by, for instance, eliminating bisphenol A (BPA) containers and avoiding reheating food in plastic containers. You can also add organic foods to your diet.

Washing fruits and vegetables reduces pesticide exposure, as does peeling the skin off produce. In addition, limiting the number of processed foods and avoiding synthetic preservatives reduces

conducted by enzymes called cytochrome P450s (CYPs).

There are several other enzymes involved in the Phase I detoxification process, such as the flavin-containing monooxygenases (FMOs) that detoxify nicotine from cigarette smoke, aldehyde dehydrogenases that metabolize drinking alcohol, and monoamine oxidases (MAOs) that break down epinephrine, dopamine and serotonin in the neurons.

Phase II detoxification is known as enzymatic conjugation. The more



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intestines, and moves xenobiotics and endobiotics in and out of cells. It also excretes the products of Phase II detoxification out of cells.

Phase III transporters require energy in the form of ATP. Drug-resistant cancer cells often use these as protection against chemotherapy drugs. Also, Phase III transporters move glucuronide sulfate and glutathione conjugates out of cells into the bile for excretion.

There is a delicate balance between Phase I and Phase II levels of detoxification, and the products of Phase I metabolism tend to be more toxic than the initial molecule. If Phase II enzymes are functioning at a sufficient rate to neutralize Phase I products, then toxicity from Phase I isn't a problem. But if Phase I activity is faster than Phase II, upsetting this balance, harmful metabolites can form faster than they can be detoxified, damaging cells.

Some foods and supplements increase Phase I enzyme activity in the diet as well as smoking and alcohol

consumption. Men and postmenopausal women tend to produce lower levels of Phase I enzyme activity, and genetics and disease can be factors, too.

### **Detox protocols**

Clinically speaking, the No. 1 goal of a detox plan is long-term sustainable change. This includes cutting out processed and inflammatory foods, refined sugar, alcohol, and certain other foods and beverages that are a part of the standard American diet.

Ideally, an organic, chemical-free, plant-based detox diet without toxic foods and that controls cravings can significantly help in changing a person's eating habits in the long run. Regular detoxing helps flush toxins out of the body and strengthens the immune system, increasing the ability to fight off infections.

There are various dietary protocols for detoxing, which include intermittent fasting, or bone-broth and vegetablebroth cleanses. It is critical to manage each patient's chemical and metabolic

systems through the gold standard of blood, hair, urine, and fecal testing.

Over time, conduct retests to evaluate whether the patient is moving in a healthy direction. During a detoxification protocol, the patient should avoid nutritional supplements and drink plenty of water—preferably half their body weight in ounces. They should buy organic as much as possible, follow your meal plan as suggested, and encourage a family member or friend to join them. CE

STEVEN NICKELS, DC. NMD. DACBN. DCBCN, has practiced as a board-certified nutritionist and chiropractor for over 32 years. He is currently owner/director of Science Based Wellness in Ponte Vedra Beach, Florida, where he offers nutrition and wellness programs for people of all ages. He is considered a "concierge care doctor," managing patients' health for a desired period. He is also a diplomate of the American Clinical Board of Nutrition. He can be contacted through sciencewellness.net.







# THEY AREN'T WHAT YOU THINK

Three supplements every chiropractor should recommend.

BY COREY SCHULER, DC, CNS

TIME TO READ: 5-7 MIN.

AT LEAST THREE SUPPLEMENTS CAN BE **RECOMMENDED TO PATIENTS** IN VIRTUALLY EVERY TYPE OF CHIROPRACTIC **PRACTICE.** These three can be the cornerstone of your nutrition practice or simply provide additional support to a targeted patient base. These three are beyond the rote recommendations of magnesium, fish oil and vitamin D. There's no question that the latter should be recommended. But your patients are smart, and you can do better.

Chiropractic patients are often savvy or at least interested in health enhancement. The lesson of this demographic information is: don't be too basic.

### THE TAKEAWAY

Including an adaptogen, curcumin and a high quality blend of B vitamins can increase the health and wellness of every patient who walks through the door.

They are already familiar with the importance of magnesium and the role it has in musculoskeletal and neuroendocrine disorders.<sup>1-7</sup> They know omega-3-rich fish oil is great for their brain and heart.<sup>8,9</sup> Vitamin D is likely already on their shelves for either bone health or its role in both the innate and adaptive immune function.<sup>10-13</sup>

If your nutritional repertoire is too basic, you

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have little value to offer in terms of supplementation. Conversely, choosing specialized formulations from trusted brands allows you to provide clinically relevant added value to even the most sophisticated health enthusiasts.

### **Adaptogens**

Think about how many patients you saw last week who are suffering from sleep deprivation, anxiety, or depression. Chronically responding to stress can deplete metabolic reserves, and damage cells and organs—leading to nutrient deficiencies and increased systemic inflammation.

Chiropractors understand how stress affects their patients' bodies arguably better than most other health care practitioners. If you are educating them on this already, it seems reasonable to provide a solution that they can take home.

Some chiropractic doctors recommend mediation or yoga (or other mind-body solutions). I do that too, but I also provide "yoga in a pill." Adaptogens act on the hypothalamic-pituitaryadrenal (HPA) axis, which is a part of the neuroendocrine system that supports the body's stress response.

Here's a suggestion about choosing a product: Don't rely on a single herb. You want several, well-studied botanicals in one practitioner-

holy basil (Ocimum sanctum), eleuthero (Eleutherococcus senticosus) and my personal favorite, rhodiola (Rhodiola rosea). These adaptogens have independently been the subject of multiple clinical trials and shown to help with cognitive health, anxiety, mood, and fatigue.14-17

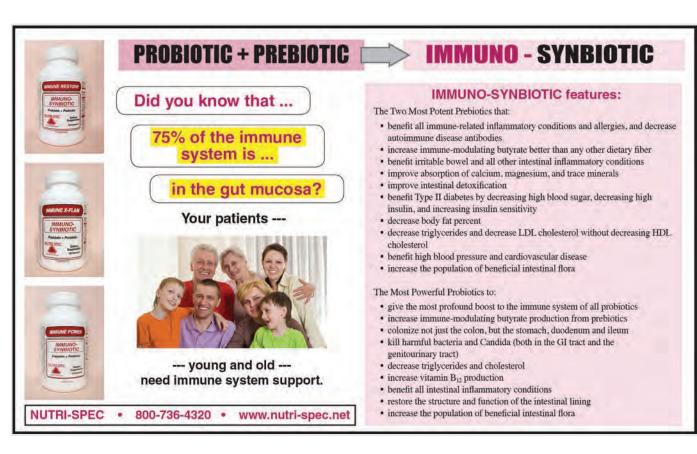
Don't rely on a single herb. You want several, well-studied botanicals in one practitioner-developed formula at relevant, studied daily doses for predictability.

developed formula at relevant, studied daily doses for predictability.

Having a formula with some dosing flexibility would be a plus. Avoid liquids for compliance issues. And look to team up with a respectable company that doesn't allow misidentified plants, heavy metals, toxic contaminants, or the wrong parts of the plants.

Top-of-mind adaptogens are ashwagandha (Withania somnifera),

In one clinical study, subjects taking rhodiola saw stress-response improvement in as little as three days.18 The same type of rhodiola was also studied in subjects suffering from burnout, a symptom of modern living.19 Sticking with one primary formula of adaptogens also keeps me from having to learn every herb-nutrient, herb-drug, and herb-herb interaction and I can leave my Materia Medica of botanical







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## WELLNESSAPPROACH

medicine at home. I can also explain normal and abnormal responses to the formula when patients ask.

#### Curcumin

Addressing inflammation is first on the list of many treatment plans. Curcumin is a preferred option for its anti-inflammatory and immune-supporting benefits.<sup>20</sup> Dosing is often titrated until a desired short-term effect is reached.<sup>21</sup> This may be improved joint comfort or elevated mood. That dose can be maintained for months or even years without having to modify it.

### **Curcumin** is a preferred option for its anti-inflammatory and immune-supporting benefits.

When choosing the curcumin product for your shelf, the devil is in the details. It must provide the anti-inflammatory and antioxidant support you need. How it functions and outcomes matter. The money that patients spend should be worthwhile.

Curcumin is often derived from natural turmeric root, which has poor absorption and fast excretion. You want bioavailability, but not through a delivery system that increases intestinal permeability or is otherwise unsafe.

From a bioavailability perspective, consider a three-way comparison that assessed the effectiveness of commercially available curcumin products: curcumin-phospholipid, curcumin with turmeric essential oils, and water-dispersible curcumin using colloidal submicron-particles.<sup>22</sup> Blood levels were assessed in healthy volunteers prior to taking each capsule and at 30 minutes, one, two, four, six, and 24 hours after administration. The water-dispersible colloidal submicron formulation had both a substantially greater Cmax and AUC (area under the curve), demonstrating that it reached higher blood levels and stayed in circulation longer for use by the body.

Recently, this water-dispersible formulation was shown to improve cognition in an 18-month trial supported by imaging studies. It also significantly improved depressive symptoms by more than 40 percent in non-depressed subjects. <sup>23</sup> Clinically depressed subjects were excluded from the study, but directionally these data are attractive.

### The right form of B-vitamins

A high quality, active B-complex has permanent residence in my office, as it is often the underutilized, missing link for many patients. These water-soluble vita-

mins are essential for cellular metabolism. red blood cell function and production, and methylation, and serve as cofactors for neurotransmitter synthesis.

Most formulations available in the retail market do not include the active forms of folate, B1, B2, B6, and B12. An active B-complex can be a great choice for those with anxiety, high stress, genetic indications, or who are pregnant.

You can routinely add a B-complex with active forms to patients who are already taking multivitamins, who are under a treatment plan, who report fatigue, stress or mood changes including irritability, depression, burnout, or anxiety.<sup>24</sup> And you can recommend it to those who report sleep problems. Recommending a B-complex with active forms, dosing flexibility (so you can dial it up during times of injury or stress), from a brand with integrity shows a patient-centered approach. Œ

### COREY SCHULER, DC, MS, CNS, RN, LN,

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THE KETOGENIC DIET HAS STEADILY **CLIMBED IN POPULARITY, stealing time** on social media waves and popping up everywhere from Oprah to the red carpet.

It's no wonder. Distinguished by high-fat, moderate protein, and low carbs, the diet du jour has been linked to a plethora of advantages—from improved cognitive health to enhanced cholesterol levels.

But its biggest claim to fame may be the potential "oh yeses" it offers in terms of weight loss. By significantly reducing the amount of carbohydrates one consumes—all those starchy snacks, sugars, and grains that produce a readily-accessible supply of glucose-the keto diet urges the body to tap into its fat stores for fuel, thus whittling the

### THE TAKEAWAY

Keto is the trendy diet of today. But for those who want to avoid a surplus of animal products in their diet, a modified keto diet might be a better option. It allows for a higher net carbs allowance and encourages plant fats such as coconut and olive oil. It can help weight loss as well as boost cognitive health, balance hormones, increase energy, and many other benefits.

waistline while boosting energy and brain function.

Despite the diet's prospective advantages, however, your patients may be reluctant to get on board. Why? While the regime encourages the consumption of plant-based fats, (such as avocados) the media blitz surrounding the craze may make it seem like a bacon, butter, and cheese buffet—a free-for-all that many realize could contribute to health issues.

What's more, following a plan that doesn't promote organic animal products inadvertently may result in dieters consuming environmental toxins and hormone-disrupting chemicals that could undermine their efforts and cause deleterious consequences.

This is where a modified keto diet can be key-not only for those who want to dodge the potentially negative effects

of eating a surplus of animal products, but also for those who are interested in exploiting the keto diet's impact on hormone health.

With all this in mind, here's why you might want to consider endorsing an amended keto diet for your patients, what benefits they might see if they heed your suggestion, and how theyand perhaps you—can navigate the diet successfully.

Prescribing a new diet to your patients can be a tough sell, even for the most persuasive among us even if you're equipped with a list of the diet's potential benefits.

### Why go keto 2.0?

While the ketogenic diet surfaced more than nine decades ago, increased interest in its efficacy has led to increased research—a boon for those of us who want to stay on the cutting edge of helping our patients achieve their best.

In 2015, the National Institutes of Health published results demonstrating the ketogenic diet can have antiinflammatory effects (due to the production of beta-hydroxybutyrate).

More recently, a team of researchers at the University of California, San Francisco, determined ketosis-the state one goes into when glucose isn't available—can decrease brain inflammation and suppress activity of inflammatory genes. Thomas Seyfried, PhD—one of the biggest proponents of the keto diet-has shown lowering glucose and raising ketones can slow the proliferation of cancer cells and cancer cell survival. Indeed, from improved cardiac health to overall longevity, the keto diet possesses myriad possible pluses.

This especially may be true with a modified keto diet, which, by advocating for virgin olive and coconut oil as its principal fat, relying on green vegetables

as its primary source of carbohydrates. and prioritizing fish and select nuts as its main form of protein, may have a higher—and cleaner—nutritional content than its traditional counterpart.

Further, the modified keto diet allows for up to 50 net grams of carbs per day, which at 20-35 grams more than conventional keto diets, may seem more doable and sustainable to dieters. Given its enriched overall nutrition, the modified ketogenic diet might also lead to more radiant skin and stronger workouts.

### The modified ketogenic diet and hormone health

That said, one potential advantage of following a ketogenic diet often is overlooked: the positive impact it can have on hormone health. It is inarguably one of the most important measures your patients can take to achieve well-being because hormone health is characterized by balance and is found in nurturing hormones to remedy deficiencies and excesses.

The low-carb facet of the ketogenic diet-indeed, its crowning trait-can tame insulin levels, which, for women, may result in healthier ovulation. This may be particularly valuable for women with Polycystic Ovarian Syndrome (PCOS), who often present with higher insulin levels, poor ovulation, and infertility.

What's more, following a modified keto diet mav alter one's microbiome. so that bacterial flora in the intestines shifts in a healthy direction—away from yeast overgrowth and unfriendly bacteria that thrive on carbs and in support of a healthier microbiome.

Some undesirable bacteria actually can increase the recycling of estrogen back into the body, thus heightening one's vulnerability to estrogen dominance, a condition characterized by an imbalance between estrogen and progesterone that can result in weight gain, fatigue, irregular menstruation, and mood swings.

The ketogenic diet's potential to nurture a balanced menstrual cycle also may contribute to a more robust libido, while double board-certified OB/ GYN and regenerative and anti-aging



## **WELLNESSAPPROACH**

medicine expert Anna Cabeca reports that her keto-committed clients have experienced reduced menopause symptoms, better sleep, and a lower number on the scale.

### How to make the modified keto diet work for your patients

Prescribing a new diet to your patients can be a tough sell, even for the most persuasive among us—and even if you're equipped with a list of the diet's potential benefits. To that end, it's vital to help your patients make the transition as smooth as possible.

The early stages of the diet, when the body shifts into ketosis, may be accompanied by what's recognized as the keto flu—a group of symptoms that includes fatigue, hunger, irritability, and constipation. But encouraging your patients to stay hydrated, get adequate rest, eat often, and supplement with magnesium and keto salts can turn this emotional and physical transition into a non (or barely felt) issue. Further, MCT oil—which often is enjoyed in green tea or coffee—can bolster energy and support regeneration.

Supplying your patients with a sample meal plan can further smooth the passage. On the modified keto diet, for example, a typical day would entail coffee with MCT oil and eggs scrambled with spinach and olive oil for breakfast; a large salad, full of leafy greens and topped with wild-caught fish, for lunch; and broccoli "steaks"—florets roasted in olive oil—and grilled salmon for dinner, with macadamia nuts and pumpkin seeds as snacks.

To which your clients might say, sign me up. Œ

LAURIE STEELSMITH, ND, LAc, is a naturopathic physician, acupuncturist, and passionate spokesperson for educating and empowering women to transform their lives with better health through natural medicines and practices that work with, rather than against, the body's own healing processes. She is the naturopathic medical advisor to Daily Wellness Company, and the co-author of three books: the bestselling Natural Choices for Women's Health, the criticallyacclaimed Great Sex, Naturally, and her latest, Growing Younger Every Day. A leading advocate for natural medicine. Steelsmith is the medical director of Steelsmith Natural Health Center in Honolulu, where she has a busy private practice, and is an associate clinical professor at Bastyr University.

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IF YOU DID IT, BUT YOU DIDN'T WRITE IT DOWN, IT DIDN'T HAPPEN. Whether performed by the doctor or appropriately delegated to qualified team members, all ancillary services must be recorded in the same way as the primary manipulative treatment. Examples of treatment modalities include electrical stimulation, ultrasound, application of heat or ice, rehab exercise, neuromuscular re-education, manual therapies, and massage.

Usually, the biggest elements missing from chiropractic treatment plans are the ancillary services a doctor intends to use, such as modalities, procedures, and home care. Most doctors incorporate them into the plan—and rightly so—but fail to establish the necessity of using them as a part of the plan.

You may know they are reasonable and necessary and have proven efficacy in most standard treatment plans. However, if they're not included initially, you might fail to add them to the "plan" section of a daily note, and then wonder why payment denials occur for lack of necessity.

### Looking ahead

The initial treatment plan is where the provider's intentions are established. You may not know exactly what needs to take place every single visit over the upcoming months because you can't see the future. But establishing your intentions and possible treatment choices in the initial visit launches the plan.

You may predict at first that several types of modalities will be used to address trauma, reduce swelling, and relieve pain during what is known as the "acute phase" of care. Typically, these modalities tend to be passive on the part of the patient.

The most common modalities used for these purposes are electrical stim, the application of heat or ice, traction, and ultrasound. Your initial plan should also outline your prediction as to when you will move to a more active approach by adding active or passive stretching, range of motion exercises, or strengthening exercises.

Documentation of any modality or procedure administered to a patient on a routine basis should be completed by the person who supervises or performs

### THE TAKEAWAY

Keeping great patient records includes documenting all the services rendered on a given day. The biggest elements missing from chiropractic treatment plans are usually the ancillary services a doctor intends to use such as traction. ultrasound, electrical stim, etc.

the service. This documentation is in addition to any documentation for which the doctor is responsible.

Even if the CA performs the service under the direction or supervision of the doctor, the doctor—as supervisor—must still initial or "sign off" on the patient record. Part of the documentation requirement is to identify who performed the service and under whose direction it was performed.

### **Adding modalities**

As a patient's symptoms improve, treatment modalities move toward improving range of motion and overall function. At this point, procedures tend to be more active, requiring participation



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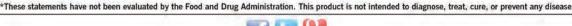
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## **PRACTICE CENTRAL**

on the part of the patient. These may include patient education and training, therapeutic exercises, massage therapy, and weight or endurance training.

Some patient modalities and procedures are only supervised while others require constant attendance. In terms of supervised modalities (e.g., heat or ice application, traction), the following guidelines apply:

- ▶ They do not require the constant attendance of the provider
- ▶ The patient record should include what modality was applied and the area of application
- ▶ There is no time factor involved in coding supervised modalities, but you do need to document the time applied
- ▶ Information for the patient record can be stated in words or drawn on a body, such as the location of electrical stimulation pads

Constant attendance by the provider of service is required with constant attendance modalities (e.g., ultrasound, laser, or manual electric stim) and therapeutic procedures (e.g., therapeutic exercises, manual therapy, or neuromuscular reeducation). In these cases, the specific modality or procedure performed, the area of application, and the duration of treatment must be added to the patient record.

For example, if your patient is working with resistance-band training for a shoulder condition, record the type of exercise performed (resistance training), to what body part (shoulder), and the duration in time (9 minutes). When these are initialed by the provider of the service, it's assumed this is the party who was constantly in attendance.

### The minimum requirements

The Centers for Medicare and Medicaid Services (CMS) developed specific documentation guidelines and requirements in March 2006 for therapy services provided by physical therapists under Medicare. However, these same documentation requirements provide an excellent standard for what is considered appropriate documentation to support the medical necessity of services, regardless of the provider.

There are certain minimum requirements that must be adhered to when documenting treatment modalities and procedures. These include the following:

- 1. The patient must have a certified plan of care. This can be part of the overall treatment plan. The doctor of chiropractic in charge of the case will write this plan and order the modalities and procedures as part of the initial visit of the episode of care.
- 2. Progress reports should be written or updated within 30 treatment days of the initial treatment. This means that you must have a written plan that includes your modality and procedures. You should update it at least monthly or along



- with your regularly scheduled chiropractic progress exams.
- The documentation must include objective evidence or a clinically supportable statement of expectation that:
- ► The patient's condition has the potential to improve or is improving in response to a particular therapy or procedure.
- ➤ The stated functional goal or maximum improvement has yet to be attained.
- There is an expectation that the anticipated improvement is attainable in a reasonable and generally predictable period.

In addition, the content of the patient's *daily routine treatment* encounter notes should adhere to the following guidelines:

1. Documentation is required for *every* treatment day and therapy service

- and should clearly state the date of treatment.
- The treatment encounter notes must record the name of the treatment, intervention or activity provided, the time spent on services represented by timed codes, the total treatment time, and the identity of the individual providing the intervention.
- Frequency and intensity of treatment and other details may be included in the plan of care and do not need to be repeated in the treatment encounter notes unless they are different from the plan.
- 4. The signature and professional identification of the qualified professional who furnished or supervised the therapy or procedure and a list containing the identity of each person who contributed to treatment during that encounter must be noted.

Keeping great patient records includes documenting all the services rendered on a given day. While it can be

expeditiously completed, it's important to remember that your notes qualify the care in the eyes of a third-party payer and must not be "skimpy." Tell your story, explain the need, and show the patient's response to treatment. Give good reasons why you do what you do, and not only will your notes be excellent, you will have little difficulty proving that they are reasonable, necessary, and deserving of third-party payment. **C** 

MATHY MILLS CHANG is a Certified Medical Compliance Specialist (MCS-P). Certified Chiropractic Professional Coder (CCPC), and Certified Clinical Chiropractic Assistant (CCCA). Since 1983, she has been providing chiropractors with reimbursement and compliance training, advice, and tools to improve the financial performance of their practices. Kathy leads a team of 30 at KMC University and is known as one of the profession's foremost experts on Medicare, documentation and CA development. Contact Kathy or any of her team members at 855-832-6562 or info@KMCuniversity.com.





# THE CIRCLE OF CARE

Medical referrals offer a stable source of new patients.

BY CHRISTINA ACAMPORA, DC

TIME TO READ: 6-8 MIN.

### MEDICAL REFERRALS HAVE LONG BEEN **RECOGNIZED AS AN ENVIABLE AND** SECURE SOURCE OF NEW PATIENTS. In

fact, for other health disciplines such as physical therapists, it's often their only source of new patients; and enough to sustain a business with multiple competitors. But it's unusual for a chiropractic practice to enjoy such a stable source of referrals.

How can this be when back pain costs more than \$30 billion in ambulatory care each year in the U.S.?1 Especially when we know that medical doctors don't want to manage back pain? How can this be when spinal manipulation plays a

starring role as a recognized therapeutic intervention in the guidelines for both acute and chronic back pain and where chiropractors have the reputation of being holistic care providers for back pain?<sup>2</sup> How can this continue in a time of crisis over opioid addiction and black-box warnings on NSAIDs?

### A brightening picture

Increasingly, you're seeing improvements in MD-DC relationships, such as chiropractors working in the VA hospitals or alongside medical residents and in integrated care settings. Nevertheless, the average independent chiropractor

### THE TAKEAWAY

Getting medical referrals is not only crucial to building a thriving business, it helps improve patient care. Chiropractic is proven to be the best solution for back pain, so building relationships for medical referrals is a win-win.

still struggles to gain medical referrals despite the economic burden, scrutiny over pain medications and guidelines to support such referrals.

With stronger competition from those disciplines already welcomed by the medical community and who are

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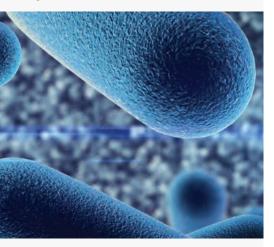
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## **PRACTICE CENTRAL**

now offering spinal manipulation, it's important for DCs to work harder to build their medical relationships if they hope to engage and improve access to their services. The obvious motivation being a stronger and more stable source of referrals that works within a circle of care rather than outside of one.

#### **Communication matters**

Continued exclusion of chiropractic results in a fracture in care and provider communication that can cause duplication of services, delays, and nonsensical progression in care—in addition to extreme frustration for the patient who is bounced from one provider to another (or worse, left alone to navigate their pain). It's quite a disservice to patient care to allow this separation and lack of communication to continue.

Fortunately, the scrutiny over spinal manipulation is one for the history books, with the safety and efficacy of spinal manipulation now secured in the literature. But the scrutiny and discrimination over chiropractors is still a daily problem.

The good news is that you have the power to correct it and in so doing can help continue to propel the profession forward, expanding access and treatment choices for patients who might not otherwise consider your care. Imagine the type of demand that would create.

#### **Getting started**

While many DCs have the desire for medical referrals, their knowledge of how to go about building key relationships is often nonexistent. So where does one start? By finding physicians in your area to begin the communication process.

Here are some tips to help identify physicians in your area who will be most receptive to your outreach:

**Existing patients:** Nothing speaks higher of your skills than success with a patient who has been struggling with back pain and is finally having some success in pain reduction. Make it a routine to ask patients if you can share their results with the physicians they

have sought care from for that particular condition and provide these physicians with a written discharge report. It doesn't need to be a full narrative; a short one-page summary of care is enough.

#### **Continued exclusion of** chiropractic results in a fracture in care and provider communication that can cause duplication of services, delays and nonsensical progression in care

Do a Google search: Google is a rich source of insight into physicians in your area. Start geographically and explore their websites and social media to prequalify them as a potential source of referrals. Look also at patient reviews, which yield a lot of information into what the MDs treat and how they approach patient care (and occasionally who and where they refer to).

**Networking:** If you already have a physician you work with, ask them who else vou should consider reaching out to. For instance, if you have built rapport with an internal medicine doctor who appreciates your approach, ask them what orthopedic physicians they think you should speak with. Don't forget to ask if you could mention that they suggested you make this outreach, which can make it more likely that the physician will meet with you.

Solo practitioners: Consider working with smaller offices. They are often easier to get time with, more open-minded, and unencumbered by bureaucratic protocols.

New and younger physicians: In general, newer (which usually means younger) doctors are more likely to be open to complementary and alternative medicine (CAM) services because they have had more exposure in their education to the benefits of such care.

**Specialists:** Pain management doctors and orthopedic surgeons are likely to be open to your care and recognize the value of your services. In fact, one study that surveyed attitudes of surgeons toward chiropractors found they felt spinal manipulation was effective, and those who had an existing relationship with a chiropractor were more likely to make referrals specifically to that particular chiropractor.3 (I've also found specialists are easier to get time with, such as a lunch or late afternoon meeting.)

Once you have identified a list of 10 physicians, start prioritizing. Which ones do you share patients with? Is there one who really stands out as being open to CAM providers? This will be a working list, meaning some won't work out and new ones will be identified through new patients or by expanding your network.

For those who want the stability and relationships a medical referral practice will offer, the doors are open to conversations. Research and guidelines, problems with prescriptions, and the economic burden of medical costs will support you in changing the referral dynamic and enhancing patient access to your care! Œ

CHRISTINA ACAMPORA, DC, founded Aligned Methods, a free online medical marketing resource for chiropractors. She also teaches the Introduction to Business Principles and the Principles of Marketing and Communication courses at National University of Health Sciences in Lombard, Illinois. She can be reached through alignedmethods.com.

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## FIRST STEPS IN YOUR CHIROPRACTIC CAREER

BY JAMES R. FEDICH, DC

**READING TIME: 4-5 MIN.** 

I GRADUATED FROM CHIROPRACTIC SCHOOL IN 2003. AND I SAW MY FIRST PATIENT IN MY OWN CLINIC IN MARCH 2004—THREE MONTHS AFTER GRADUATING.

That is how long it took me to get my board scores, pass my jurisprudence exam, and paint the walls. In fact, I signed my lease in the fall before I graduated. This was definitely not a good plan. I was underfunded—the No. 1 cause of business failure today.

Learn and earn, all the while figuring out our complicated health care system. If you like it, stick around, but no matter what, give it at least two years.

I only had some savings, a small loan from a family member, and savings bonds my grandma gave me. I hated getting savings bonds for Christmas, but they later helped me buy used chiropractic equipment.

Well, things worked out well since then. In 14 some years I went from a little 700-square-foot space to one with 6000 square feet, along with two chiropractors as well as two physical therapists, an acupuncturist, and an in-office medical doctor

working for me. It's been a great journey, but while I made it work and had a lot of help along the way, times have changed, student loans have gone up, and insurance and regulatory issues in running a practice make it much more difficult today than in 2004.

#### The associate route

In the current landscape, it is more difficult to start a practice from scratch—especially if you have student loans. Recently, I was trying to help a new graduate open a clinic right out of school. Due to his large student loan balance, the banks wouldn't even lend him \$30,000 to start. Eventually, he had to get a job.

It is hard to get startup capital and even if you can, the minefield of hazards in opening is dense. You could get through it (especially with some help), but why not learn on someone else's dime? It might be best to get an associate position first. Find one in a practice style similar to yours.

Work for someone whom you would like to emulate. And look for an associate position that pays you a living wage and has an upside such as a bonus structure or profit sharing. Those jobs are out there. My associates commonly make six-figure salaries with a bonus plan and other perks.

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#### Learning the ropes

Most new docs should associate for a minimum of two years. It takes that long to learn the ropes of treating patients, filling out forms, etc. If you are interested in starting your own practice one day, learn the other end of the business in someone else's practice. Learn the billing, front desk, and forms used, and go to seminars and learn from a mentor. See what you like and don't like about practice.

Learn and earn, all the while figuring out our complicated health care system. If you like it, stick around, but no matter what, give it at least two years.

#### Going your own way

Running your own practice isn't for everyone, but if you want to make the leap, here is my advice: Currently, chiropractic practices are selling cheap. Most businesses can sell for a multiple of gross income. Let's say a business is collecting \$1 million a year. In many industries, to buy that business you might pay two or three times that amount. But not a chiropractic practice.

There are different computing methods out there, but one metric is eight months' collections. Thus if you bill \$1 million a year, you can sell the practice for \$650,000 or so. And the average office collects less than that.

If you purchase a smaller practice, you'll be paying less than the buildout and equipment would cost. For example, a small clinic collecting \$100,000 a year might sell for \$75,000 or even less. This would include all the equipment, etc., which would probably cost more than \$100,000 to buy new. Then you get the patients who stay with the practice and the old files you can call.

Caution: Don't open too close to where you did your associateship. Some DCs do this to try to steal patients. Don't do it; it's bad karma. It always ends poorly and usually the senior doc has more funds and better lawyers than you. There are plenty of patients out there.

There are 100 ways to start your career. I would not recommend the way I did it, but any way you choose to start your chiropractic career, work hard, be patient, keep learning, and give it your all. Œ

**JAMES R. FEDICH**, DC, is a practicing chiropractor in Northwest New Jersey. He is also the published author of Secrets of a Million Dollar Practice and host of a toprated podcast. Path to Success with Dr J. He can be contacted at drfedich@driamesfedich.com, or through drjamesfedich.com.



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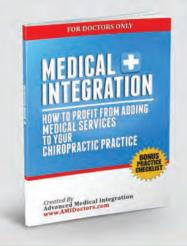












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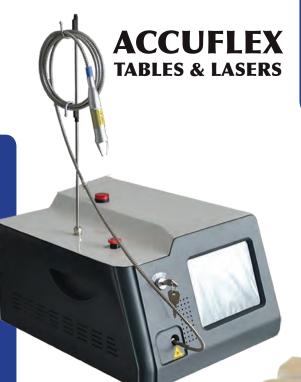
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O<5	<b>⊘</b> 5 - 15	15-30	30-50	> 50
What is the	Population o	of Your Local A	rea?	
O<10k	10-50k	<b>⊘</b> 50-100k	100-250	k  > 250k
How Many	New Patients	Does Your O	ffice Receive	Monthly?
O<10	10-20	<b>20-30</b>	30-50	>50
How Many	of Those Pati	ents Come fro	om the Interr	net?
<b>⊘</b> <5	<u></u>	10-15	15-20	> 20
What is Vo	ur Current Mo	nthly Spend	on Internet A	Marketing?

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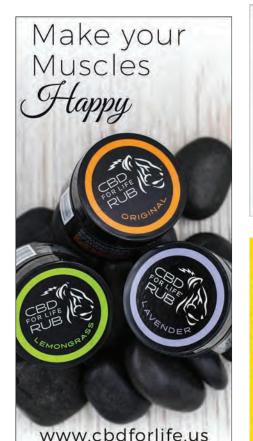
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## Chiropractic and World Timeline Events

Richard Sears begins the R.W. Sears Watch Co. in Minneapolis. His company would become Sears, Roebuck and Company.

D.D. Palmer reportedly performs the first chiropractic adjustment

The X-ray is discovered by Wilhelm C. Roentgen.

J.C. Penney Co. begins as the Golden Rule Store in Kemmerer WY

Chiropractic regulation in U.S. begins when Chiropractic School Davenport, Illinois, issued Minora Paxson an OP certificate.

The Universal Chiropractors Association (UCA), the earliest ancestor of today's ACA, is organized in Davenport, Iowa, as a legal protective society for DCs.

Reader's Digest began publication.

Time Magazine began publication.

1922

More than 80 chiropractic schools are in operation. Enrollment at Palmer tops 3,000.

Standard Process is founded by Royal Lee, DDS.

IBM introduces the first commercial computer

Bill Luckey begins publishing a periodic newsletter, the antecedent of today's Chiropractic

Douglas Laboratories is founded by

Chiropractic Economics debuts as a magazine published six times per year.

Dee Cee Labs founded.

Palmer College of Chiropractic begins teaching liberal arts courses.

President Kennedy is assassinated on Nov. 22.

Chiropractic becomes legal in the state of New York.

Today's NBCE is chartered. It will give its first exams in 1965.

The ACA and ICA respond to a biased report by the Dept. of Health. Education and Welfare, which recommends against including chiropractic in Medicare.

Neil Armstrong becomes the first man to walk on the surface of the Moon.

1970

The presidents of leading straight chiropractic colleges form the original Association of Chiropractic Colleges and seek to form an accrediting agency independent of the ACA and ICA.

President Nixon resigns and Gerald Ford, an appointed vice president, becomes president.

1974

Louisiana becomes the last state to enact a chiropractic licensing statute.

1975

The first interdisciplinary meeting to review the "Research Status of Spinal Manipulative Therapy" is convened by the National Institute of Neurological and Communicative Diseases and Stroke (NINCDS), marking the beginning of chiropractic research.

Chester A.Wilk, DC, and four co-plaintiffs, sue the AMA for violating antitrust laws.

The Journal of Manipulative and Physiological Therapeutics becomes the first (and still only) chiropractic periodical to be indexed by the National Library of Medicine in Index Medicus.

Systemic Formulas founded.

MPN Software founded.

IAHE DBA/Upledger Insitute founded

Infinedi founded.

The U.S. Court of Appeals upholds the lower court's ruling that the AMA was guilty of conspiracy.

Performance Health founded. **PERFORMANCE** HEALTHS

Chiropractic Economics gets a new look and a new publisher The Doyle Group.

Chiropractic turns 100.

Erchonia founded. ERCHONIA

Medzone founded. The makers of PainZone. MedZone

**2003** 

The Port Orange, Fla., campus of Palmer College is founded

PALMER

Mike Reed, DC, is named medical director of the U.S. The Foundation for Chiropractic Olympic Team —a first for Progress is established. chiropractic.

2003

care is increasing.

The HIPAA Privacy Rule The HITECH Act establishes compliance requirements go incentives for converting to EHR into effect. software.

LiteCure founded

covered by HIPAA (Health Insurance Portability and Accountability Act) required to use ICD-10 codes.

As of Oct. 1, any provider

TruGen3 founded.

Abacus Health Products, Inc.

ABACUS

TruGen3

2017

2015

On Sept. 1, Texas Senate Bill 304 passed, protecting Texas DCs' ability to diagnose and ensuring chiropractic's governance by the Texas Board of Chiropractic Examiners.

The Farm Bill, or Agriculture and

Nutritional Act, signed into law

by President Trump, legalizing

industrial hemp, the crop from

which cannabidiol (CBD) is

Dow Chemical founded.

Goodyear Tire and Rubber Co. founded.

D.D. Palmer and a Davenport lowa, allopathic physician feud and the struggle between chiropractic and allopathic medicine begins.

Milton S. Hershev introduces the milk chocolate Hershey ba in the U.S.

D.D. Palmer is found guilty of practicing medicine without a license and serves 23 days in the Scott County Jail.

B.J. Palmer introduces X-ray to the chiropractic profession at the Palmer School of Chiropractic.

chiropractic licenses.

North Dakota and Arkansas are the first states to issue

A merger of the Universal Chiropractors Association and an older ACA forms the National Chiropractic Association (NCA), today's ACA.

1952

The NCA founds the Chiropractic Research Foundation.

Foot Levelers founded.

The Chiropractic Research Foundation, organized by the NCA as a nonprofit philanthropic agency in 1944, is reorganized as the Foundation for Accredited Chiropractic Education.

50th states.

Hill Laboratories Co. founded passes away.

chiropractic.

Alaska and Hawaii are admitted to the union as the 49th and

B.J. Palmer, son of the founder of chiropractic and founder of the ICA,

The ACA's director of education warns Chiropractic Economics readers about the AMA's intent to eliminate

1965

Medicare is established, providing hospital and medical benefits to people over 65 and financed through Social Security.

Scrip Chiropractic Supply founded.

The Activator Method Chiropractic Technique was co-invented by Drs.

Arlan W. Fuhr and Warren Lee.

The CCE is chartered as an independent body, separate from the American

Money Magazine is launched.

Chiropractic Association.

and Welfare approves the CCE as the accrediting agency for chiropractic education.

The Dept. of Health, Education

Sombra founded. SOMBRA

In March 1978 the first issue of the Journal of Manipulative and Physiological Therapeutics (JMPT) is published.

David D. Palmer, the grandson of the founder of chiropractic, dies at age 71.

Biotone founded.

The Association for the History of Chiropractic is established.

BIOTONE

Federal District Judge Susan Getzendanner rules in favor of DCs in the second trial of Wilk et al. vs. AMA et al. Her ruling will be sustained by higher courts.

A merger between the ICA and the ACA fails.

The Berlin Wall is torn down.

The ACA files suit against the federal government to protect patients' rights

Nations around the world prepare to deal with Y2K (year 2000) computer problems.

discriminatory reimbursement

The ACA files Trigon lawsuit for

policies.

A major U.S. government study Chiropractic Economics launches its annual Salary and Expense and show that 40 million have used chiropractic and consumer Fees and Reimbusements surveys. demand for alternative health

to receive chiropractic care under Chiropractic Economics celebrates 50 years in publishing.

2004

Chiropractic services are now included as part of the standard medical benefits package available to veterans.

Hurricane Katrina wreaks havoc

along the U.S. Gulf Coast.

RockTape founded.

signed into law.

The Patient Protection and

Affordable Care Act (PPACA) is

Chiropractic care becomes fully

integrated in the treatment of

athletes at the Winter Olympic

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ChiroTouch founded.

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Chiropractic Economics celebrates 65 years in publishing and gets



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## **A VISUAL HISTORY OF CHIROPRACTIC** If you want to know where chiropractic is going,

look no further than its past. The following timeline reveals at a glance the brief history of the profession.

Note that chiropractic is interwoven through the story of healthcare over the past century. Major developments in medicine, media, and science have often formed a backdrop for the kind of humanistic conservative care the profession champions.



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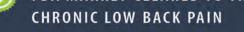
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